

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3073

State File No.

Registrar's No. 31

FILED FEB 5 1943
Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 420 W Pettis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community 25 years

3. (a) PRINT FULL NAME Lean Balance
3. (b) If veteran, name war World War I 3. (c) Social Security No. 497-164346

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife World War I 6. (c) Age of husband or wife if alive 3 years 12-1896
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Olean, Miller Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W.P.A.

12. Name Chas. Balance
13. Birthplace Miller Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Leona H. Haddock
15. Birthplace Miller Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Chas. Balance
(b) Address 421 W. Pettis

17. (a) RURAL (Burial, cremation, or removal) (b) Date thereof 1-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Olean, Mo.

18. (a) Signature of funeral director J. Pruce Alexander

(b) Address 400 W. Cooper St. Sedalia, Mo.

19. (a) 1-23-43 (Date received local registrar) (b) Mrs Anna Rye (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 420 W Pettis (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day Jan year 1943 hour 9:05 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan. 21, 1943 to Jan 21, 1943
that I last saw him alive on Jan 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pharyngeal Pharyngitis Duration 8 days

Due to Contraction of cold

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature M. H. Rye (M. D. or other) Address 158 1/2 W. Main Sedalia, Mo. Date signed 1/23/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

63

1622 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-4-43

FEB 26 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. Pryce Alexander
Licensed Embalmer No. 4245
P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.